Form approved OMB No. 0920-0261

Expiration Date: 01/31/2004

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

LEAVE BLANK						
TYPE	ACTIVITY	NUMBER				
REVIEW GROUP		FORMERLY				
COUNCIL BOARD (A	Month, year)	DATE RECEIVED				

CENTERS FOR DISEASE CONTROL AND PREVENTION					
TRAINING GRANT APPLICATION	REVIEW GROUP			FORMERLY	
(New, Competing Continuation, and Supplemental)	COUNC	CIL BOARD (	Month, year)	DATE RECEIVED	
1. TITLE OF TRAINING PROPOSAL (Do not exceed 56 typewriter spaces)			_		
2. PROGRAM ANNOUNCEMENT NAME AND NUMBER	3. DIS	CIPLINE SPE	CIALTY OR FIELD OF T	RAINING	
4. PROGRAM DI	RECTOR				
4a. NAME (Last, first, middle)		4b. HIGHES	ST DEGREE	4c. SSN	
4d. POSITION TITLE	4e. MA	ILING ADDRI	ESS (Street, city, zip cod	le)	
4f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT					
4g. MAJOR SUBDIVISION					
5. DATES OF ENTIRE PROPOSED PROJECT PERIOD					
From: Through:	4h. TELEPHONE NUMBER:  FAX:  EMAIL:  8. APPLICANT ORGANIZATION (Name and address)				
6. HUMAN SUBJECTS AND VERTEBRATE ANIMALS  Do you plan to conduct or support research activities during the project period under the ERC Pilot Project Research Training Program? □ Yes □ No  7. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD IS MADE (Name, address and telephone number.)					
9. ENTITY IDENTIFICATION NUMBER			NG FOR APPLICANT OF nd telephone number.)	RGANIZATION	
10. TYPE OF ORGANIZATION  □ Public, Specify □ Federal □ State □ Local □ Private Nonprofit					
12. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. (U.S. Code, Title 18, Section 1001).	-		F PERSON NAMED IN 4 Signature not acceptable	-	
13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties(U.S. Code, Title 18, Section 1001).			F PERSON NAMED IN 1 ignature not acceptable		

CDC 2.145A PAGE 1

<b>Program</b>	Director		
Program	Director		

## **SUMMARY OF TRAINING PROPOSAL**

BRIEFLY DESCRIBE THE TRAINING PROGRAM USING THE FOLLOWING HEADINGS (Do not exceed this page.)

- A. Purpose and Program Characteristics
- B. Trainees
  C. Training Facilities

CDC 2.145A PAGE 2

Program Director		

DETAILED	BUDGET FOR FIR	FROM	FROM THR					
A. TRAINING F	RELATED EXPENSES				DOLLAR AMOU	NT REQUESTED	Omit cents)	
1. PERSONNE	L (Do not list trainees)		EF	FORT	SALARY	FRINGE	TOTALS	
	NAME	POSITION TITLE	TOTAL FTE	REQUESTED FTE		BENEFITS		
		SUBTOTALS>						
2. CONSULTA	NT COSTS (Itemize)			<u> </u>				
3. EQUIPMENT	「 (Itemize)							
	,							
4. SUPPLIES (	Itemize by category)							
5. STAFF TRA	VEL (Itemize)							
J. OTALL TRA	VLL (Remize)							
6. OTHER EXF	ENSES (Itemize by categor	у)						
7. CONSORTIL	JM/CONTRACTUAL COSTS	(Itemize)						
					SUBTOTAL (Sect	tion A)>		
B. TRAINEE E	XPENSES							
	PREDOCTORAL STIPENDS (I	Itemize)						
					No.	Requested:		
	POSTDOCTORAL STIPENDS	(Itemize)						
1. TRAINEE COSTS					No.	Requested:		
	OTHER STIPENDS (Itemize)							
No. Requested:  TOTAL STIPENDS>								
TUITION AND FEES (Itemize)								
	TOTAL TRAINEE COSTS>							
2. TRAINEE TRAVEL (Describe)								
					SUBTOTAL (Sec	tion B)>		
C. TOTAL DIR	ECT COST (Add subtotals o	f Sections A and B)		_	<del>-</del>	>		
D. INDIRECT (	COST					>		
E. TOTAL COS	ST							

CDC 2.145A PAGE 3

#### **Program Director**

## BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY

			ST BUDGET	DGET ADDITIONAL YEARS OF SUPPORT REQUESTED							
	ATEGORY ALS		PERIOD from page 3)		2nd	3rd		4th		5th	
A. TRAINING RE	LATED EXPENSE				·						
1. PERSONNEL and fringe be	•										
2. CONSULTAN	rs costs										
3. EQUIPMENT											
4. SUPPLIES											
5. STAFF TRAVE	<u> </u>										
6. OTHER EXPE	NSES										
7. CONSORTIUM /	CONTRACTUAL										
SUBTOTAL (Sec	ction A)										
B. TRAINEE EXI	PENSES			<u> </u>		<u>.</u>		<u> </u>			
	Predoctoral Stipends	No.	\$	No.	\$	No.	\$	No.	\$	No.	\$
1. TRAINEE	Postdoctoral Stipends										
COSTS (See page 3)	Other Stipends										
	Tuition and Fees		•		•		•				
	TOTAL TRAINEE COSTS										
2. TRAINEE TRAVEL											
SUBTOTAL (Section B)											
C. TOTAL DIRECT COST (Add subtotals of Sections A and B)											
D. TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD							<del> </del>				

BUDGET JUSTIFICATION: For all years, explain the basis for the budget categories requested. (See instructions.)

CDC 2.145A PAGE 4

	Program Director								
BIOGRAPHICAL SKETCH  Give the following information for all personnel contributing to the training program, beginning with the Program Director.  Photocopy this page for each person. Do not exceed two pages on any individual.									
NAME TITLE BIRTHDATE (Mo. Day, Yr.)									
EDUCATION (Begin with baccalaureate or other initial professional education and include postdoctoral training)									
INSTITUTION AND LOCATION	INSTITUTION AND LOCATION DEGREE YEAR CONFERRED FIELD OF STUDY								

RESEARCH AND TRAINING SUPPORT (See instructions)

RESEARCH AND/OR PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

CDC 2.145A PAGE \_\_\_\_

SOCIAL SECURITY NUMBER

# CONTINUATION PAGE SAMPLE

Stay within the margin limitations on the continuation pages.

A blank continuation page is provided for you to reproduce.

CDC 2.145A PAGE\_\_\_

PROGRAM DIRECTOR (Last, first, middle)	SOCIAL SECURITY NUMBER

CDC 2.145A PAGE \_\_\_\_\_

Program Director
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### **CHECKLIST**

This is the required last page of the application (Check the appropriate boxes and provide the information requested)

TYPE	TYPE OF APPLICATION								
□ NE	□ NEW application (This application is being submitted to the CDC for the first time.)								
		ONTINUATION of grant nuntion is to extend a funded g	nber: rant beyond its current project period.)						
□ su	PPLEMENT	to grant number:							
	This applicat	tion is for additional funds	to supplement a currently funded grant.)						
□ RE	VISION of ap	oplication number:							
(	This applicat	tion replaces a prior unfund	ded version of a new competing continuation or supplement	al application.)					
		ogram Director. Program Director:							
□ №	N-COMPETI	NG CONTINUATION							
1. AS	SURANC	ES / CERTIFICATIONS							
The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications begin on page 3 of the Instructions. If unable to certify compliance where applicable, provide an explanation and place it after this page. Human Subjects; Vertebrate Animals; Debarment and Suspension; Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); Lobbying; Delinquent Federal Debt; Research Misconduct; Civil Rights (Form HHS 441 or HHS 690); Handicapped Individuals (Form HHS 641 or HHS 690); Sex Discrimination (Form HHS 639-A or HHS 690); Age Discrimination (Form HHS 680 or HHS 690).									
2. P	ROGRAM	INCOME (See Instructi	ions)						
			am income is anticipated during the period(s) for which granat below to reflect the amount and source(s).	nt support is requested. If					
	Buc	lget Period	Anticipated Amount	Source(s)					
INDI	RECT COS	ST REQUESTED (See in	nstructions)						
□ N	o □ Yes	If "Yes," at	% rate.						
CON to CD		PACKAGE (Check the	appropriate boxes to insure that all requested information is	included in the package mailed					
	Page No.								
	1,2	Face Page, Summary of	Fraining Proposal						
	3	Detailed Budget for First	12 Month Budget Period						
	4	Budget for Entire Propos	ed Project Period						
		Detailed Description of T	raining Program						
		Progress Report (Compe	ting continuation only)						
		Biographical Sketch(es)							
		Checklist							
		Appendices							

CDC 2.145A PAGE \_
\*This is the required last page of the application. Number it appropriately.